

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



AUTOPSY REPORT

Case Number: [REDACTED]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF



FINAL PATHOLOGIC FINDINGS

I. Gunshot wound of the chest:

- A. Entrance: left side of the chest; no evidence of close range discharge of a firearm
- B. Injured: skin and soft tissue of the left side of the chest, left anterior 2nd rib, mediastinum including the brachiocephalic artery and aortic arch, upper lobe of the right lung, and posterior aspect of the right 3rd rib
- C. Exit: none
- D. Recovered: an intact yellow-colored jacketed bullet from the right pleural cavity
- E. Trajectory: left to right, front to back, and upward
- F. Associated injuries: hemorrhage along the wound path, contusion of the upper lobe of the left lung, bilateral hemothoraces (right 1500 milliliters, left 500 milliliters), and mediastinal hemorrhage.

II. Gunshot wound of the left forearm:

- A. Entrance: posterior aspect of the left elbow; no evidence of close range discharge of a firearm
- B. Injured: skin and soft tissue of the left forearm
- C. Exit: lateral aspect of the left forearm
- D. Recovered: none
- E. Trajectory: back to front, right to left, and downward
- F. Associated injuries: hemorrhage along the wound path

III. Toxicology: no screened medications or drugs of abuse identified

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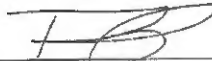
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OPINION

CAUSE OF DEATH: This [REDACTED] year-old female, [REDACTED] died of gunshot wounds of the chest and left forearm. She was shot during a mass fatality incident at a concert venue. The gunshot wound to the chest caused severe bleeding by injuring the lungs, aorta, and the first major branch of the aorta (brachiocephalic artery). The gunshot wound to the left forearm did not injure any vital structures, but did contribute to overall bleeding.

MANNER OF DEATH: HOMICIDE



Paul S. Uribe, M.D.
Pathologist

Date: 20 Dec 2017

PSU/amu

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POSTMORTEM EXAMINATION ON THE BODY OF

[REDACTED]

The examination commences at 0200 on 4 Oct 2017.

IDENTIFICATION

At the time of autopsy, the body is identified by a Clark County Office of the Coroner/Medical Examiner "toe tag" inscribed with case [REDACTED] and the name [REDACTED]

CLOTHING

See "Evidence of Injury." At the time of autopsy, the body is received with jean shorts (cut), black bra (cut with 1/8 inch defect consistent with entrance wound), black shirt (cut with 1/8 inch defect consistent with entrance wound), and blue underwear (cut). A paper wristband is around the right wrist.

X-RAYS

Postmortem radiographs are obtained and the findings are incorporated in "Evidence of Injury."

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished obese female. The body measures 69 inches in length, weighs 284 pounds, and appears compatible with the reported age. Injuries are described in the section "Evidence of Injury" and medical therapy is described in the section "Evidence of Medical/Surgical Intervention." The body is cold. Rigor is present and resolving. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

HEAD: The head is normocephalic, and the scalp hair is brown and up to 11 inches in length. EARS: The ears are normally formed

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and set. The external auditory canals are clear, and both earlobes are pierced. EYES: The irides appear brown. The corneae are clear. The conjunctivae are pale and without petechiae. The sclerae are white and without petechiae. NOSE: The nasal skeleton and maxilla are palpably intact. MOUTH: The lips are atraumatic. The teeth are natural and in good condition. NECK: Examination of the neck reveals no evidence of injury and the larynx and trachea are midline.

CHEST AND BACK: See "Evidence of Injury." The chest shows no externally evident injury of the sternum. The posterior torso is unremarkable. ABDOMEN: The abdomen is protuberant with striae. GENITALIA: The external genitalia are those of an adult female. ANUS AND PERINEUM: The anus and perineum are unremarkable.

EXTREMITIES: See "Evidence of Injury." The right upper and lower extremities show no evidence of fractures, lacerations, or deformities. The fingernails are intact. The fingers have been previously fingerprinted. The toenails are painted.

EVIDENCE OF MEDICAL/SURGICAL INTERVENTION

There is no evidence of acute medical or surgical intervention.

IDENTIFYING MARKS, SCARS AND TATTOOS

A 1/2 inch scar is on the left lower quadrant of the abdomen. An 8 inch horizontally oriented scar is on the lower abdomen. No tattoos are identified.

EVIDENCE OF INJURY

On the left side of the chest, centered 15 1/2 inches below the top of the head and 8 1/2 inches left of the anterior midline, is a 1/8 x 1/8 inch entrance wound with a surrounding

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circumferential 1/16 inch partially circumferential marginal abrasion extending from 5-9 o'clock. No soot or gunpowder stippling is on the skin surrounding the entrance wound. The bullet injures the skin and soft tissue of the left side of the chest, left anterior 2nd rib (fractured with associated 1 x 1 centimeter defect in the underlying pleura), soft tissue of the mediastinum, brachiocephalic artery (transected), aortic arch (2 x 1 centimeter defect), upper lobe of the right lung (5 x 1 centimeter defect with associated 5 x 3 centimeter contusion), and posterior aspect of the right 3rd rib (fractured with associated 1 x 0.5 centimeter pleural defect. Recovered from the right pleural cavity is an intact yellow-colored jacketed bullet (photographed for documentation and retained as evidence). The trajectory of the wound path is left to right, front to back, and upward. Associated injuries include hemorrhage along the wound path, contusion of the upper lobe of the left lung (9 x 5 centimeters), bilateral hemothoraces (right with 1500 milliliters of blood, left with 500 milliliters of blood), and mediastinal hemorrhage.

On the posterior aspect of the right elbow, centered 23 inches below the top of the head and 1 1/2 inches left of the posterior midline of the arm, is a 1/8 x 1/8 inch entrance wound with a surrounding 1/16 inch partially circumferential marginal abrasion extending from 12-3 o'clock. No soot or gunpowder stippling is the skin surrounding the entrance wound. The bullet injures the skin and soft tissue of the left forearm. On the lateral aspect of the left forearm, centered 24 inches below the top of the head and 2 inches left of the anterior midline of the arm is a 1/4 x 1/4 inch lacerated exit wound. No bullet or bullet fragments are recovered along the wound path. The trajectory of the wound path is back to front, right to left, and downward. Associated injuries include hemorrhage along the wound path.

Defects in the black shirt and black bra are consistent with the entrance wound on the left side of the chest (see "Clothing"). No soot is grossly visible on the clothing.

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INTERNAL EXAMINATION

BODY CAVITIES: See "Evidence of Injury." The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum and vertebral bodies are visibly and palpably intact. No adhesions are in any of the body cavities. The organs occupy their usual anatomic position.

HEAD (CENTRAL NERVOUS SYSTEM): The scalp is reflected and the calvarium of the skull is removed. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural, subdural, or subarachnoid hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. The brain weighs 1700 grams. The gyri and sulci are unremarkable. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the cerebellum and sagittal sections through the brainstem reveal no lesions. The atlanto-occipital joint is stable.

NECK: The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact mucosa. The tongue is free of bite marks or hemorrhage.

CARDIOVASCULAR SYSTEM: See "Evidence of Injury." The 420 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth. The coronary arteries are present in a normal distribution and are widely patent. The myocardium is firm and homogenous. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1, 1.3, and 0.4 centimeters thick, respectively. The endocardium is smooth and glistening. The injured aorta gives rise to three arch vessels. The renal and mesenteric vessels are unremarkable. The vena cavae and major tributaries return to the heart in the usual distribution and are free of thrombi.

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RESPIRATORY SYSTEM: See "Evidence of Injury." The upper airway is free of abnormal secretions. The mucosal surfaces are smooth, intact, and unremarkable. Where uninjured, the pleural surfaces are smooth, glistening and unremarkable bilaterally. Where uninjured, the pulmonary parenchyma is diffusely congested and edematous, exuding slight amounts of blood and frothy fluid with no focal lesions noted. The pulmonary arteries are normally developed, patent, and without thrombus or embolus. The right lung weighs 250 grams; the left 300 grams.

HEPATOBIILIARY SYSTEM: The 2050 gram liver has an intact, smooth capsule covering tan parenchyma with no focal lesions noted. The gallbladder contains approximately 3 milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree shows no evidence of stones.

GASTROINTESTINAL TRACT: The esophagus is lined by smooth, intact mucosa. The stomach, small bowel, and colon are unremarkable. The stomach contains 800 milliliters of tan partially digested food and fluid. The pancreas is pink-tan with a lobulated appearance. The appendix is present.

GENITOURINARY SYSTEM: The right kidney weighs 200 grams; the left kidney weighs 200 grams. The renal capsules are smooth and thin, and strip with ease from the underlying smooth, tan cortical surfaces. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The bladder contains no urine. The ovaries, fallopian tubes, uterus, and cervix are unremarkable.

LYMPHORETICULAR SYSTEM: The 150 gram spleen has a smooth, intact capsule covering red-purple parenchyma. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM: The pituitary gland is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric,

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with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM: See "Evidence of Injury." No non-traumatic abnormalities of muscle or bone are identified.

MICROSCOPIC EXAMINATION: Selected portions of organs are retained in formalin without preparation of histologic slides.

SPECIMENS: Specimens retained for toxicology testing and/or DNA identification include vitreous fluid, liver, and cavity blood.

EVIDENCE: An intact yellow-colored jacketed bullet is recovered from the right pleural cavity (photographed for documentation and retained as evidence).